Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

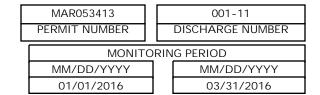
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.16	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.23	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.94	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2016
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413
PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2016

03/31/2016

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.14	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2010
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

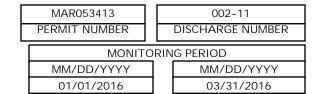
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

9

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.2	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	.36	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.13	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2016
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

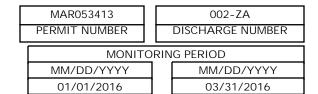
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.072	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2016
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

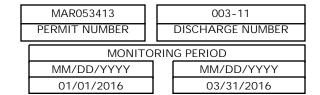
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.95	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.1	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.13	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2016
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

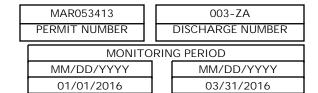
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.061	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2010
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

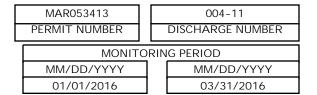
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.56	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	****	****	.58	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	.35	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2016
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

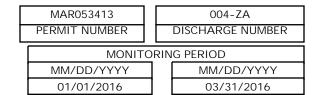
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.016	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/13/2010
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

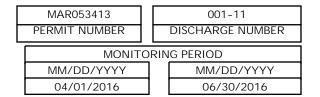
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.63	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.2	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	****	****	1.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2010
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

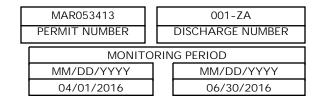
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.12	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Impaired Waterway Note: Total Phosphorus sampled in Q2 result - 0.16 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

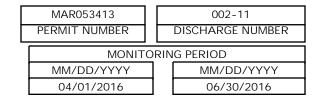
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.58	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.2	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	1.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

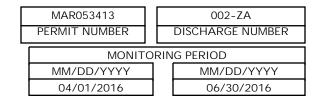
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.12	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Impaired Waterway Note: Total Phosphorus sampled in Q2 result - 0.42 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

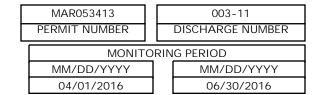
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .05	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.25	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.57	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/19/2016
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

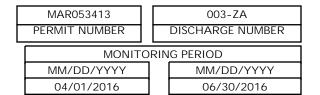
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.078	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Impaired Waterway Note: Total Phosphorus sampled in Q2 result - 0.035 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

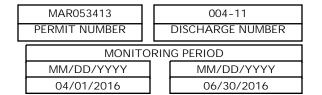
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .05	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	*****	.3	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	*****	.58	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2016
 06/30/2016

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/19/2010
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Impaired Waterway Note: Total Phosphorus sampled in Q2 result - 0.25 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

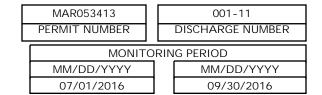
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.32	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	.34	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.27	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/24/2010
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

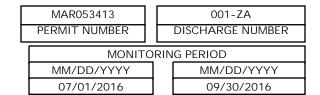
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.064	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/24/2016
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 002-11

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 0

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.31	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	.32	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	*****	.27	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/24/201
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

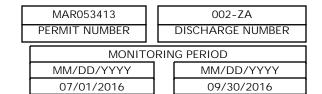
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.062	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/26/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

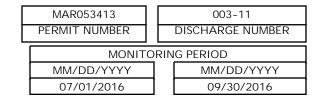
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .005	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .2	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.17	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/24/2010
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

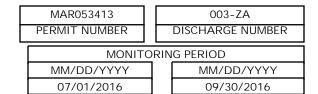
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.033	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/24/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

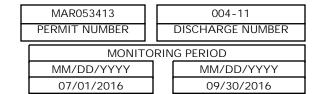
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	****	****	*****	< .05	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .2	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.17	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/24/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 01

01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.032	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/24/2016
TYPED OR PRINTED	anormation, metading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

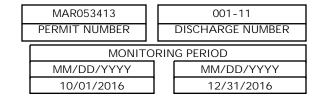
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01

2111119 211 00DE. 011

01108

Fabricated Metal Products, except Coating

External Outfall

MINOR

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	.025	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	.28	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	1.4	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/09/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413
PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

001-ZA

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.045	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/09/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

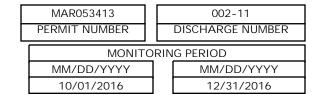
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

MINOR

01108

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.025	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.28	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	1.3	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Justin Rudolika, Trosladik	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/09/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

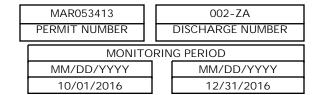
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.031	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/09/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413	003-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.025	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.1	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.27	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/09/2010
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 003-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2016
 12/31/2016

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.031	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/09/2010
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-11

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2016
 MM/DD/YYYY

 12/31/2016

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.025	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.1	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.27	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
	suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/09/2010
ĺ	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

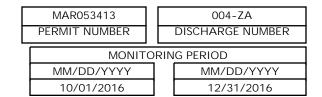
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUA		TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.27	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/09/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

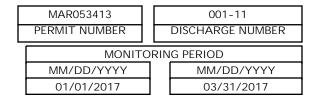
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	1.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility sampled below benchmark values for four consecutive quarters in 2016. Impaired Water Monitoring for Total Phosphorus - 0.032 mg/L.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

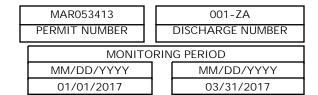
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN		TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.048	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

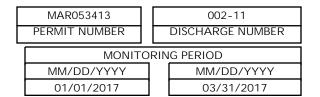
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	1.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility sampled below benchmark values for four consecutive quarters in 2016. Impaired Water Monitoring for Total Phosphorus - <0.010 mg/L.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

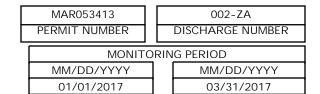
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I IASON KUMPIKA	TELEPHONE		DATE
Jason Kudelka/ President			(413)781-4535)8/09/201
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Facility sampled below benchmark values for four consecutive quarters in 2016.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413 003-11 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2017 03/31/2017

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility sampled below benchmark values for four consecutive quarters in 2016. Impaired Water Monitoring for Total Phosphorus - 0.47 mg/L.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

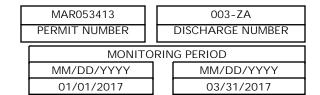
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Facility sampled below benchmark values for four consecutive quarters in 2016.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

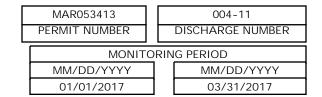
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility sampled below benchmark values for four consecutive quarters in 2016. Impaired Water Monitoring for Total Phosphorus - 0.39

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

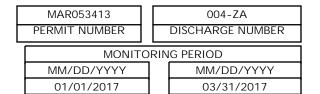
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Facility sampled below benchmark values for four consecutive quarters in 2016.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

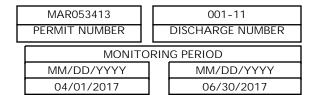
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	4.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility sampled below benchmark values for four consecutive quarters in 2016.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

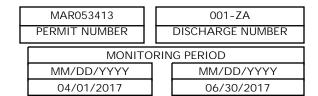
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.01	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

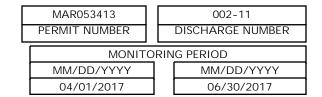
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	4.1	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Facility sampled below benchmark values for four consecutive quarters in 2016.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

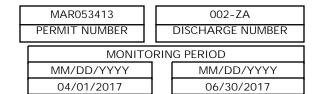
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Averaged out of benchmark requirement.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

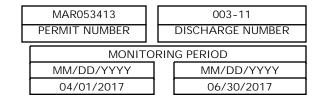
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Averaged out of benchmark requirement.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

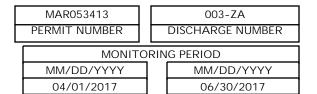
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Averaged out of benchmark requirement.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

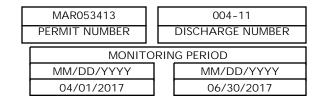
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Averaged out of benchmark requirement.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

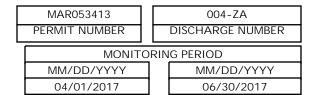
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/09/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Averaged out of benchmark requirement.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

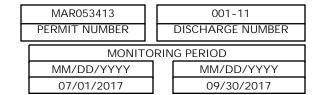
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	3.71	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Frestaent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

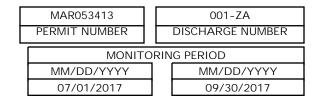
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.22	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason K/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/01/201
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

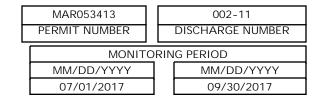
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	3.38	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

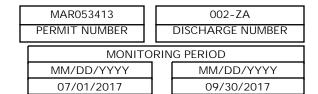
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	3.38	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Ku/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

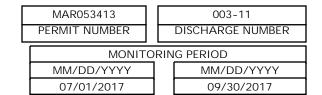
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

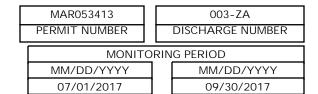
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

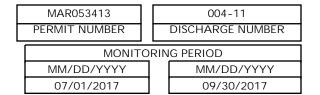
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

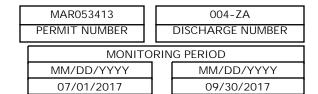
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Frestaent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

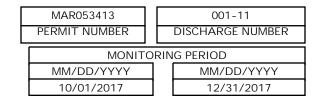
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.8	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

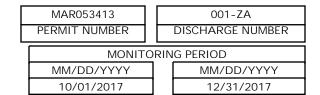
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.061	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/01/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

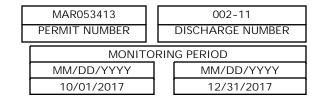
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.76	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

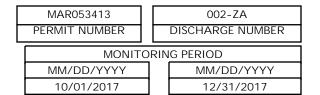
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/01/201
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

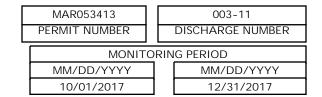
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

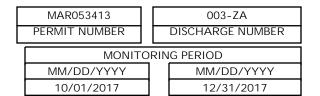
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kukdelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

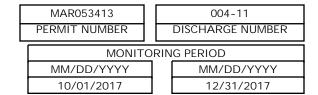
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/01/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

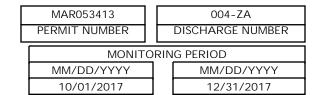
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/01/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413	001-11
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	1.2	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.036 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

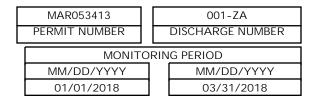
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.027	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.036 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

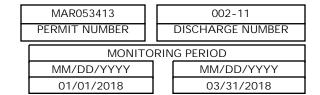
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	1.2	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: <0.010 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

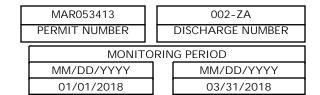
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: <0.010 mg/L

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

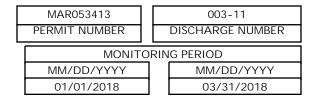
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.054 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

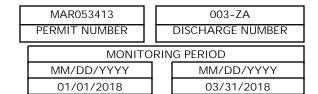
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.054 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

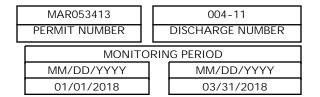
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEPI	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)5/30/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.043 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

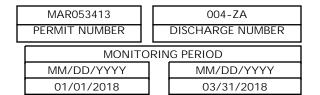
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN		TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l lason Kudelka	TELEPHONE		DATE
Jason Kudelka/ President			(413)781-4535)5/30/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Annual impaired waters monitoring result for Phosphorus: 0.043 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

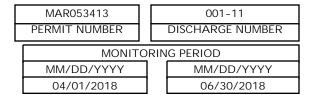
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.275	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

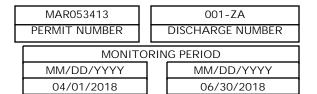
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.024	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Radona, Frestaent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

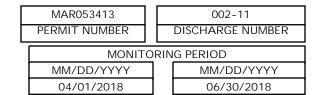
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.535	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

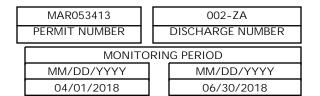
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	G QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

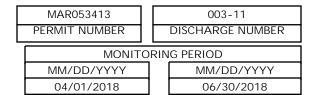
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/18/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

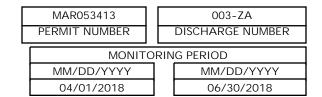
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

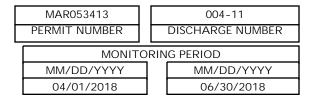
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)7/18/2018
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2018
 06/30/2018

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Radona, Frestaent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)7/18/2018
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

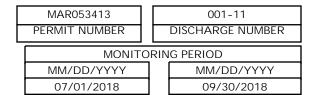
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.55	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

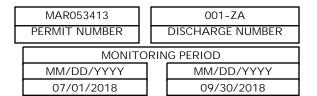
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	DR LOADING QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.026	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)9/04/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

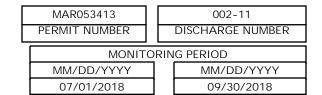
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.48	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

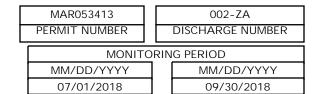
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

Manning Zii GGBL.

01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

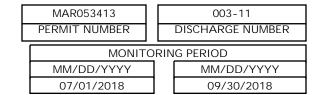
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

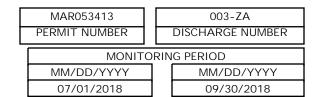
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

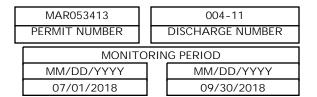
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)9/04/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

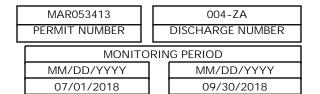
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)9/04/2018
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

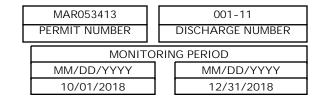
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.76	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)3/08/2019
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

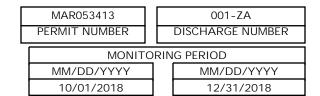
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII					FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.076	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)3/08/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

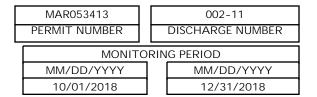
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	.88	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Justin Rudolika, Trosladik	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)3/08/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

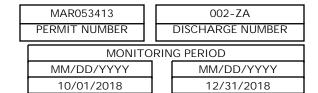
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG				FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)3/08/2019
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

 $\label{thm:monitoring} \mbox{ monitoring requirements for noted parameters have been fulfilled for the permit term \\$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

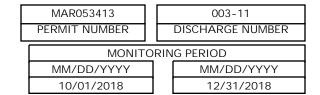
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)3/08/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

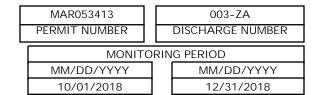
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01

MINOR

01108

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radona, Tresdient	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)3/08/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

 $\label{thm:linear} \mbox{Monitoring requirements for noted parameters have been fulfilled for the permit term$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

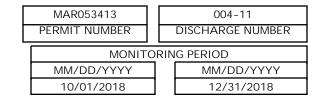
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)3/08/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

 $\label{thm:linear} \mbox{Monitoring requirements for noted parameters have been fulfilled for the permit term$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 12/31/2018

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)3/08/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

 $\label{thm:monitoring} \mbox{ monitoring requirements for noted parameters have been fulfilled for the permit term \\$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

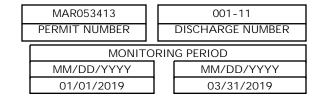
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	.15	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)4/10/201
TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

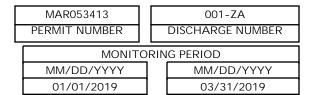
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

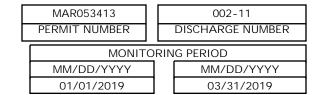
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.14	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

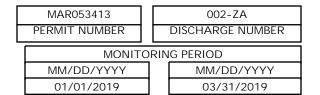
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

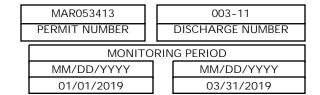
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: (

.....g 2.11 00B2. 01

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

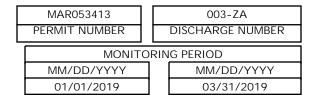
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

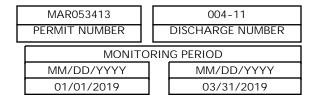
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

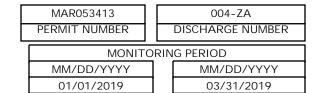
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/10/2019
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

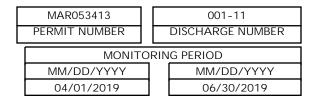
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	.13	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Justin Rudolika, Trosladik	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

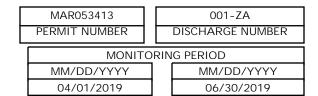
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	OR LOADING QUALITY OR CO			CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

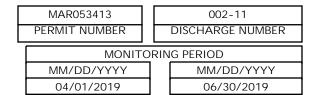
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.14	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

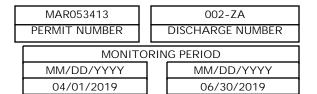
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
saseri radenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)6/17/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

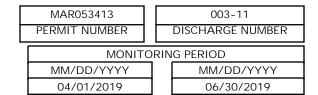
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

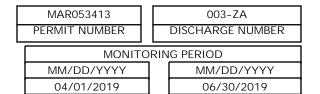
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

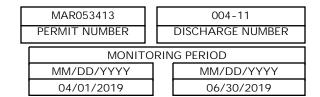
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01

2

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)6/17/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

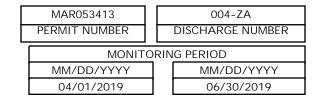
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/17/2019
TYPED OR PRINTED	anormation, more and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

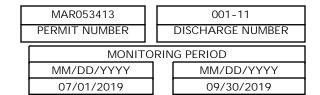
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	.95	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radoma, Trostaom	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/27/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				IO. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEP	HONE	DATE
saseri radenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/27/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

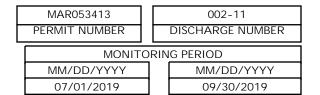
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	.97	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/27/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

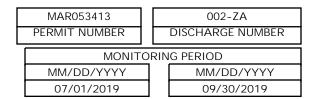
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/27/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

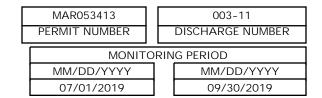
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/27/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

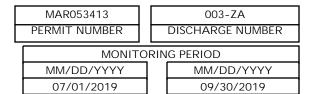
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)8/27/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

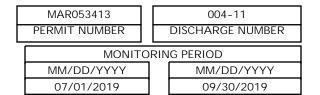
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/27/2019
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

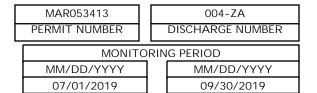
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)8/27/2019
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

ı	MAR053413	1		001-11
Γ	PERMIT NUMBER			DISCHARGE NUMBER
		_		
	MONITO	<u>)</u> F	RIN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	10/01/2019	1		12/31/2019

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	*****	****	****	.05	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	lason kudelka	TELEPI	HONE	DATE
	Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/16/2019
į	TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Additionally, the 2019 four quarter average for "Nitrite Plus Nitrate Total" is below the benchmark value. As such, all parameters have been fulfilled for the permit term.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

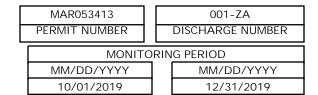
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADING		QUALITY OR CONCENTRATION			1	`		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/16/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Additionally, the 2019 four quarter average for "Nitrite Plus Nitrate Total" is below the benchmark value. As such, all parameters have been fulfilled for the permit term.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

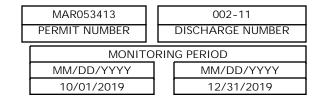
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	*****	.13	mg/L		Quarterly	Grab
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/16/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monitoring requirements for noted parameters have been fulfilled for the permit term. Additionally, the 2019 four quarter average for "Nitrite Plus Nitrate Total" is below the benchmark value. As such, all parameters have been fulfilled for the permit term.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

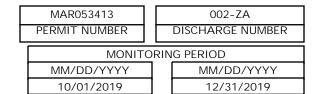
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				NO. FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/16/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

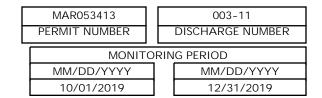
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		2/16/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

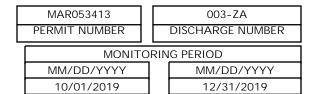
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		TITY OR LOADII	TY OR LOADING		QUALITY OR CONCENTRATION			1		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/16/2019
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

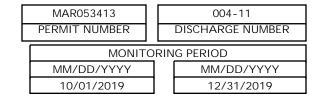
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/16/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

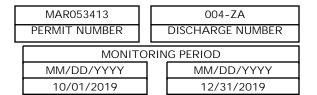
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTIT'		TITY OR LOADII	ITY OR LOADING QU		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	2/16/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

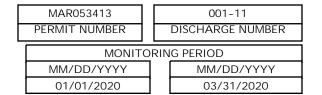
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)4/22/2020
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

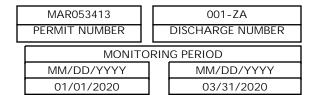
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)4/22/2020
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413	002-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)4/22/2020
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

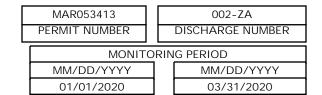
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: (

.

01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/22/2020
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 003-11

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2020
 03/31/2020

DMR Mailing ZIP CODE: 0°

,

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Radona, Trosidon	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/22/2020
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

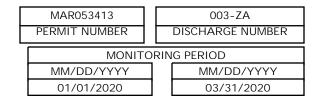
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/22/2020
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

 MAR053413
 004-11

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2020
 03/31/2020

DMR Mailing ZIP CODE: 0

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/22/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

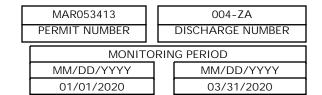
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535)4/22/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

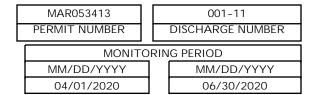
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Justin Rudolika, Trosladik	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

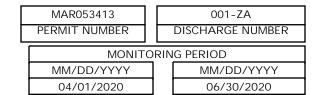
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

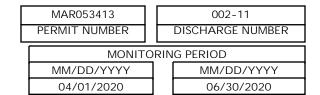
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

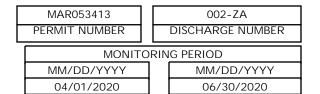
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

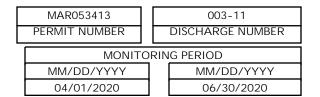
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

MINOR

01108

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.68 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

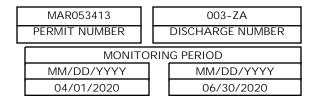
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413	004-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEPI	HONE	DATE
suseri redenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

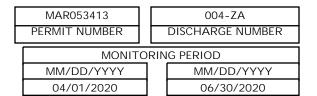
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535)6/11/2020
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

Г	MAR053413		001-11	
	PERMIT NUMBER	[DISCHARGE NUMBER	?
		_		
	MONITO	ЭF	RING PERIOD	
	MM/DD/YYYY]	MM/DD/YYYY	
	07/01/2020	7	09/30/2020	

DMR Mailing ZIP CODE:

01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

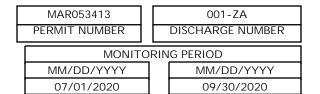
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: POLY-METAL FINISHING, INC.

ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108

MAR053413	7 [002-11
PERMIT NUMBER] [DISCHARGE NUMBER
MONI	TORI	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
07/01/2020		09/30/2020

DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radoma, Trostaom	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

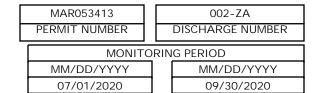
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE:

01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON KUMPIKA	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

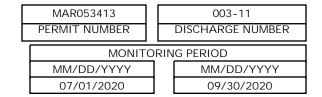
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 2				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
Jason Radoma, Trostaom	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

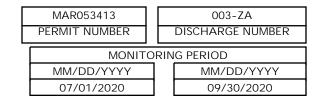
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIG	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

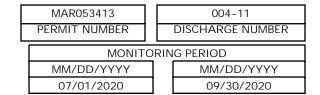
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Fabricated Metal Products, except Coating

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Nitrite Plus Nitrate Total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51450 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.68 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Kudelka	TELEPI	HONE	DATE
saseri radenta, i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)78	1-4535	0/05/2020
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' POLY-METAL FINISHING, INC.

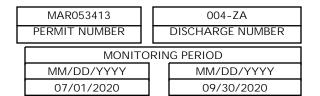
ADDRESS: 1 Allen Street

Springfield, MA 01108

FACILITY: POLY-METAL FINISHING, INC.

LOCATION: 1 ALLEN STREET

SPRINGFIELD, MA 01108



DMR Mailing ZIP CODE: 01108

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lason Kudelka	TELEP	HONE	DATE
Jason Kudelka/ President	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIG	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(413)781-4535		0/05/2020
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)